

2007-226-T

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0049/09

ADDRESS CHANGE FORM

File the original with:

Public Service Commission of South Carolina
 Docketing Department
 Motor Carrier Matters
 P.O. Box 11649
 Columbia, S.C. 29211
 (803) 896 - 5100
 FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
 Transportation Department
 1401 Main Street, Suite 900
 Columbia, S.C. 29201
 (803) 737-0578
 FAX (803) 737-0815

DATE: 3/31/09

Please consider this my request for an **Address Change** of the following certificate:

- ☐ Class C Taxi Certificate Number _____
- ☐ Class C Charter Certificate Number _____
- ☐ Class C Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____
- ☒ Class E Household Goods Certificate Number 9763
- ☐ Class E Hazardous Wastes Certificate Number _____

RECEIVED

APR 09 2009

PSC SC
DOCKETING DEPT.

MOVERS & CROOVERS, INC
 Name of Company (Include DBA if applicable)

I am changing my: ☐ Street Address ☐ Mailing Address ☒ Both

470 Maple Oak Lane
 New Street Address

Charleston, SC 29414
 City, State, Zip Code for Street Address

Same as above
 New Mailing Address

 City, State, Zip Code for Mailing Address

(803) 225-9051
 Telephone Number

[Signature]
 Signature
Vice President
 Title (President, Owner, etc.)